

*Michigan Department  
of Community Health*



**Rick Snyder, Governor  
Olga Dazzo, Director**

**Family Support Subsidy Program**

**Annual Report**

**For**

**FY09**

## **FAMILY SUPPORT SUBSIDY PROGRAM**

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# **FAMILY SUPPORT SUBSIDY PROGRAM**

## **ANNUAL REPORT FOR FY09**

### **The Purpose of the Subsidy is to Keep Families Together**

Supporting families is a priority of Michigan's public mental health system, as evidenced by the Family Support Subsidy Program (FSSP). Michigan's philosophy is that children with developmental disabilities, like all children, need loving and enduring family relationships. For over two decades, the Michigan Department of Community Health's policy has been that children should be supported to live with their families. If out-of-home placement becomes necessary, it should be temporary and time-limited with a goal of family reunification or, for some children, adoption. Permanency planning practices within Michigan's public mental health system have supported this guiding principle by enabling families to keep their children out of institutional settings and other out-of-home placements.

The Family Support Subsidy Act, Public Act 249 of 1983, was the beginning of a major shift of Michigan's mental health resources and services toward supporting, maintaining, and establishing permanent family relationships for children with severe developmental disabilities. The FSSP provides an essential support for families of children with developmental disabilities to assist with the extraordinary expenses associated with raising them. Unlike typically developing children, children with severe developmental disabilities often need lifetime support for daily activities such as walking, feeding, or dressing. Often, they have both mental and physical impairments and require 24-hour care. As a result, the families of children with severe developmental disabilities have many expenses that other families do not. This program recognizes that these families have unique needs; it empowers families to decide what is needed to support the care of their children.

The subsidy enables families to stay together and allows them the flexibility to purchase goods and services locally that best meet the needs of their children and families. Children who live with their families thrive within their home environment. Parents want their children at home and can fulfill their parenting roles. Finally, it is less expensive for taxpayers than residential care.

## Annual Evaluation

### ❖ Subsidy program evaluation.

Each year, the department gathers information from four sources to satisfy the reporting requirements of the Subsidy Act: (1) community mental health services programs' annual subsidy reports, (2) follow-up reports on children leaving the subsidy program due to out-of-home placements, (3) a family questionnaire sent to parents annually, and (4) enrollment information from the department's family support subsidy data base. In FY09, the annual family questionnaire was returned by 35.2 percent of families.

- The Family Support Subsidy program has been a big help to us. It's helped me with my son in getting him what he needs. I just want to say thank you on behalf of my son.

*A Family Served by Woodlands Behavioral Healthcare Network*

- As our son ages, programs seem to diminish and those that are available become more costly. The cost of a session at the Art Center for instance has increased 40%. The subsidy helps tremendously to cover these expenses. Because of his love of drawing and pottery, his penmanship and overall fine motor control has dramatically improved! These classes allow for social training, fine and gross motor improvement and all while he has fun! Over the past year we have used subsidy dollars to pay for summer camp experiences, day camps always, music lessons, a new bicycle. (He has outgrown two others but continues to love to ride). We have purchased books for "free reading" time. His reading ability has increased 2.3 grade levels over the past year! We buy workbooks and materials for home.

*A Family Served by Genesee County Community Mental Health Services*

- Thank you for all the support. The subsidy program helps improve the kid's lives. It adds to the family income and helps reduce family income stress. Keep up the good work.

*A Family Served by Kalamazoo Community Mental Health and Substance Abuse Services*

- Every bit helps. The FSS allows us to be able to buy the extra books, sign language DVD's, educational toys, trampoline, fidgets, etc. It is very hard having a child with special needs, very hard to afford the "extras" that they require. Thank you so much for making it more of a possibility.

*A Family Served by Macomb County Community Mental Health Services*

❖ **Subsidy families represent a wide range of income levels and ethnic backgrounds.**

Demographic characteristics of the sample of families responding to the family questionnaire compared to all families in the program are presented in Table 1. All the characteristics were similar for families returning the survey to families in the program.

**Table 1: Characteristics of Families Receiving the Subsidy in FY09**

Characteristics	FY09	
	Percent of Families Responding to Questionnaire	Percent of All Families in the Program
Age of child in years		
3 or younger	2.5	4.9
4 to 6	16.6	16.5
7 to 11	38.4	38.3
12 to 17	42.5	40.3
Mean age in years	10.6	10.3
Standard deviation	4.0	4.1
Gender of child		
Male	72.0	73.4
Female	28.0	26.4
Not reported	0.0	0.2
Race		
White	71.4	66.2
Black or African American	14.3	19.7
American Indian or Alaska Native	2.6	1.0
Asian	3.6	1.6
Some Other Race	8.1	7.6
Unknown Race (Not reported)	0.0	3.9
*Ethnicity		
Hispanic of Latino		
Not Hispanic of Latino		
Educational eligibility category		
Cognitive Impairment	7.8	7.3
Severe Multiple Impairments	30.5	28.4
Autism Spectrum Disorder	60.4	64.3
Not reported	1.3	0.0
Taxable income level		
\$45,000 to \$60,000	16.3	12.2
\$20,000 to \$44,999	33.2	31.5
\$19,999 or less	43.9	56.3
Not reported	6.6	0.0

\*Ethnicity was not collected in FY08-09

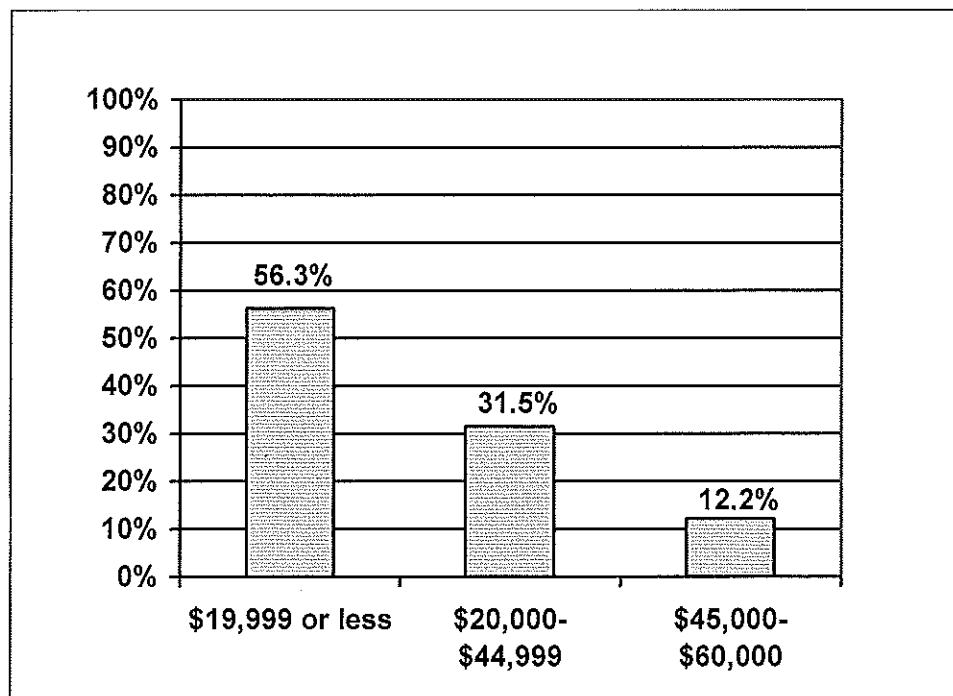
## The Program

### ❖ Payments are the same for all families.

Payments are uniform for all families. Payments were \$222.11 per month in FY09. The original payment in FY85 was \$225.54. The Michigan Department of Community Health may decrease the amount after notifying the Governor and the House and Senate Appropriations Committees that available revenues are insufficient to cover the program's obligations. The department is not permitted to reduce the amount of the monthly payment by more than an aggregate of 25 percent in one fiscal year without written approval of the House and Senate Appropriations Committees.

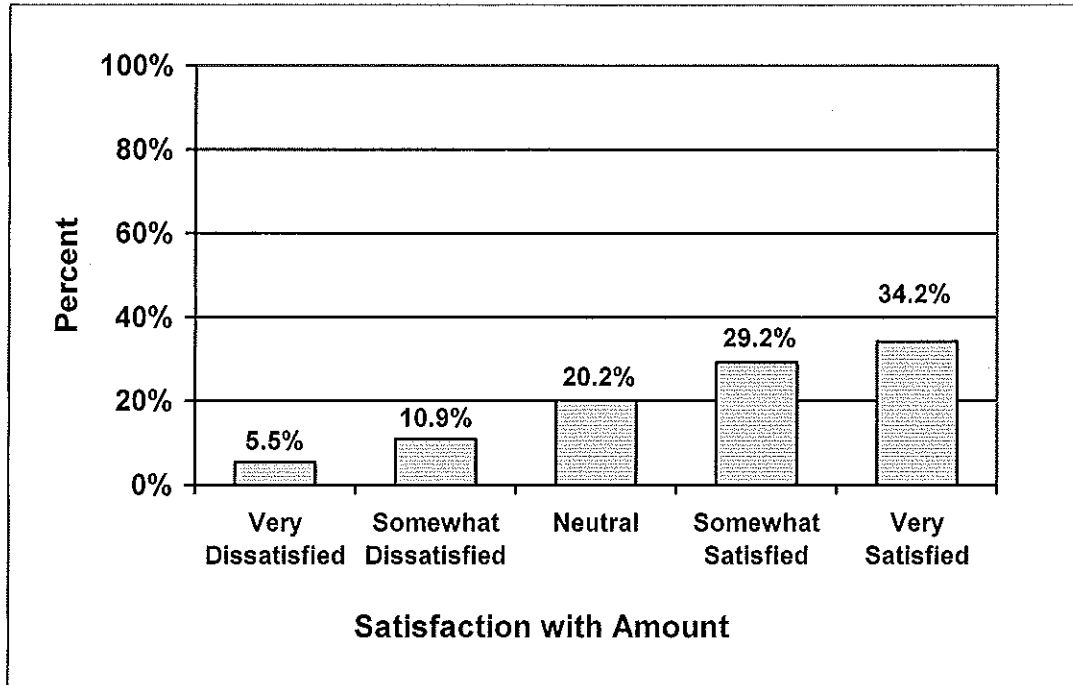
In FY91, as a result of state budget reductions, payments were decreased to \$215.66 and then increased slightly to \$222.11 per month, where it has remained for the past 18 years. In addition to the decrease in the dollar amount of the subsidy, the purchasing power of these dollars has also declined over the years. In 2009, \$443.74 was needed to have the same buying power as \$225.54 in 1985. The rate may be increased annually by legislative appropriation to match the Supplemental Security Income (SSI) rate for an adult living in the household of another. The 2009 SSI rate in Michigan was \$449. FSSP is now funded entirely with federal dollars through the Temporary Assistance for Needy Families (TANF) program. Figure 1 represents the income levels of families receiving FSS payments.

**Figure 1: Income Level for Families**

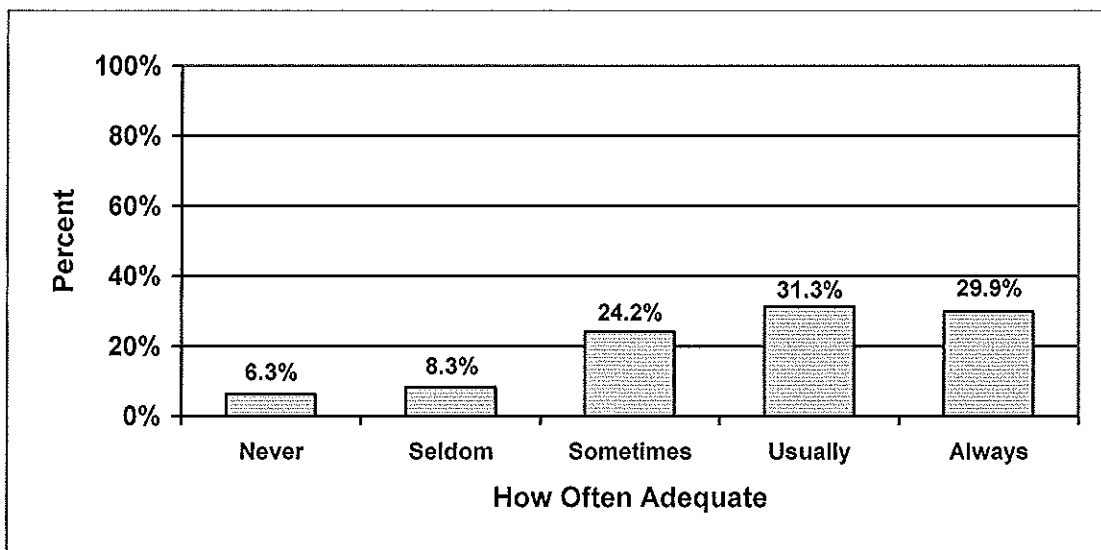


Nearly two-thirds of the families were satisfied with the amount of the subsidy in FY09 (Figure 2). Families are also asked about the adequacy of the amount of the subsidy in helping them care for their child with disabilities. More than one-half of families in FY09 said the amount of the subsidy was usually or always adequate to help them meet the needs of their children (Figure 3).

**Figure 2: Families' Satisfaction with the Amount of the Subsidy in FY09**



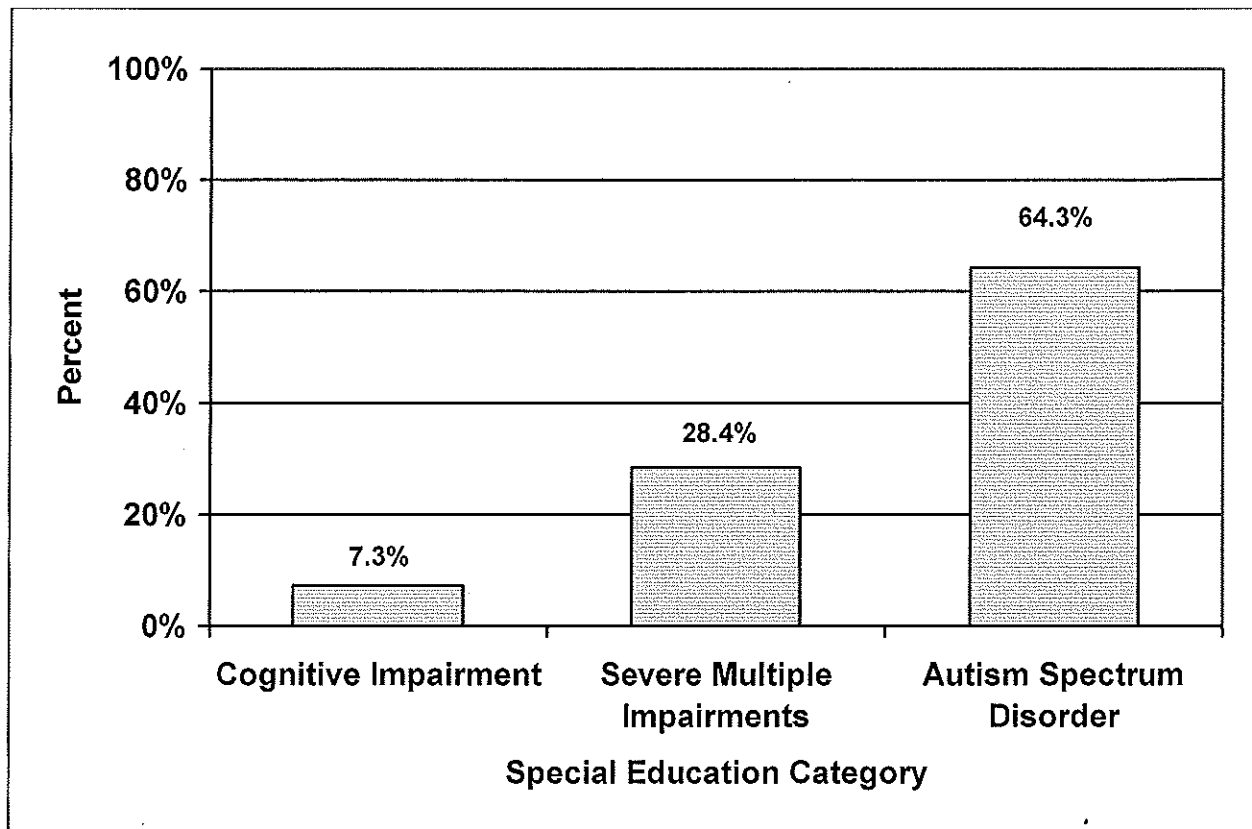
**Figure 3: Families' Ratings of the Adequacy of the Subsidy Amount in FY09**



❖ **Only children with the most severe impairments are eligible.**

Families may be eligible for this program if they have a child under age 18 who has been recommended by a public school district's Multidisciplinary Evaluation Team (MET) as meeting the requirements for the special education categories of cognitive impairment, severe multiple impairments, or autism spectrum disorder. Children with an eligibility category of cognitive impairment may be eligible if their development is in the severe range of functioning as determined by the local or intermediate school district. Children with autism spectrum disorder must be receiving special education services in a program designed for students with autism spectrum disorder or in a program designed for students with severe cognitive impairment or severe multiple impairments. Figure 4 shows the distributions of children by educational eligibility category in FY09.

**Figure 4: Distributions of Children in the Subsidy Program by Special Education Category in FY09**





❖ **Families in every part of the state receive the subsidy.**

Families in all parts of the state receive the subsidy. Table 2 displays the distribution of children participating in the subsidy program by CMHSP catchment areas in FY09.

**Table 2: Distribution of Children Enrolled in Family Support Subsidy Program  
FY09**

CMHSP	Number enrolled FY09	CMHSP	Number enrolled FY09
Allegan	109	Muskegon	134
AuSable Valley	37	network180	415
Barry	37	Newaygo	44
Bay-Arenac	67	North Country	154
Berrien	132	Northeast Michigan	31
Centra Wellness Network	37	Northern Lakes	268
Central Michigan	186	Northpointe	50
Clinton-Eaton-Ingham	334	Oakland	586
Copper Country	22	Ottawa	207
Genesee	339	Pathways	74
Gogebic	13	Pines	22
Gratiot	33	Saginaw	227
Hiawatha	61	Sanilac	34
Huron	24	Shiawassee	57
Ionia	89	St. Clair	121
Kalamazoo	185	St. Joseph	33
Lapeer	49	Summit Pointe	85
Lenawee	71	Tuscola	41
LifeWays	234	Van Buren	57
Livingston	191	Washtenaw	177
Macomb	505	Detroit-Wayne	1268
Monroe	114	West Michigan	74
Montcalm	49	Woodlands	36

❖ **7,113 children with severe disabilities received the subsidy in FY09.**

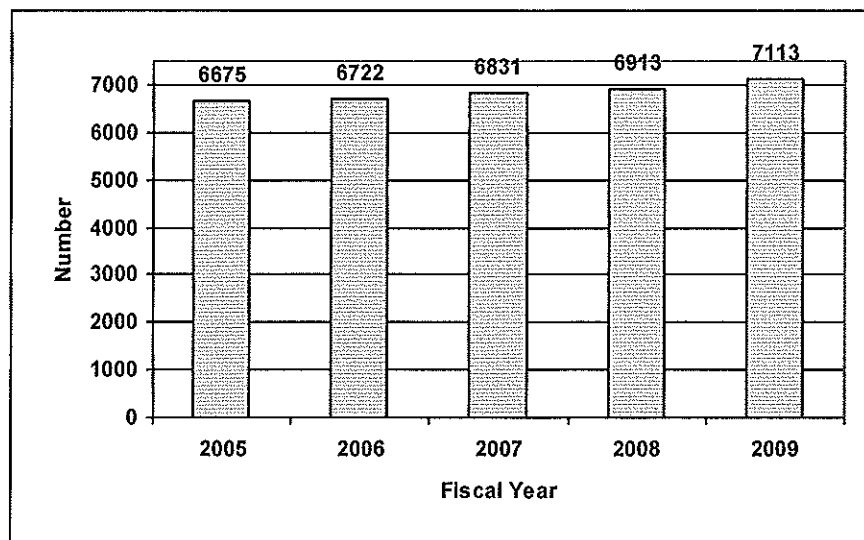
During FY09, 7,113 children were enrolled in the subsidy program. In FY85, the first year of the program, 2,530 children were enrolled. On average, the number of children enrolled in the program has increased every year by about five percent.

Between FY85 and FY09, the program increased its enrollment by 181.2 percent. In FY08, 1,205 children were enrolled in the subsidy program for the first time. Of the new applicants in FY09, 243 (17.6 percent) were under age four and 1134 (82.4 percent) were ages 4 to 17. This increase can be partly attributed to the explosion in the diagnosis of autism spectrum disorder. In 2005, the number of Michigan children diagnosed with autism spectrum disorder was 5,858 and in 2009 that number rose to 11,943 (an increase of 104 percent).<sup>1</sup>

The number of newly enrolled children in each educational eligibility category in FY09 was: 127 in the severe cognitive impairment category (9.2 percent); 290 in the severe multiple impairments category (21.1 percent); and 960 in the autism spectrum disorder category (69.7 percent). Figure 5 presents the number of children enrolled in the subsidy program during the last five years.

To be eligible for the subsidy program, the child must live in Michigan with a birth parent, adoptive parent, or legal guardian. By law, the Michigan taxable income for the family cannot exceed \$60,000. In addition, when applying for the subsidy, the family cannot have an open medical subsidy case with the Adoption Subsidy Program (administered by the Department of Human Services).

**Figure 5: Number of Children Enrolled by Year**



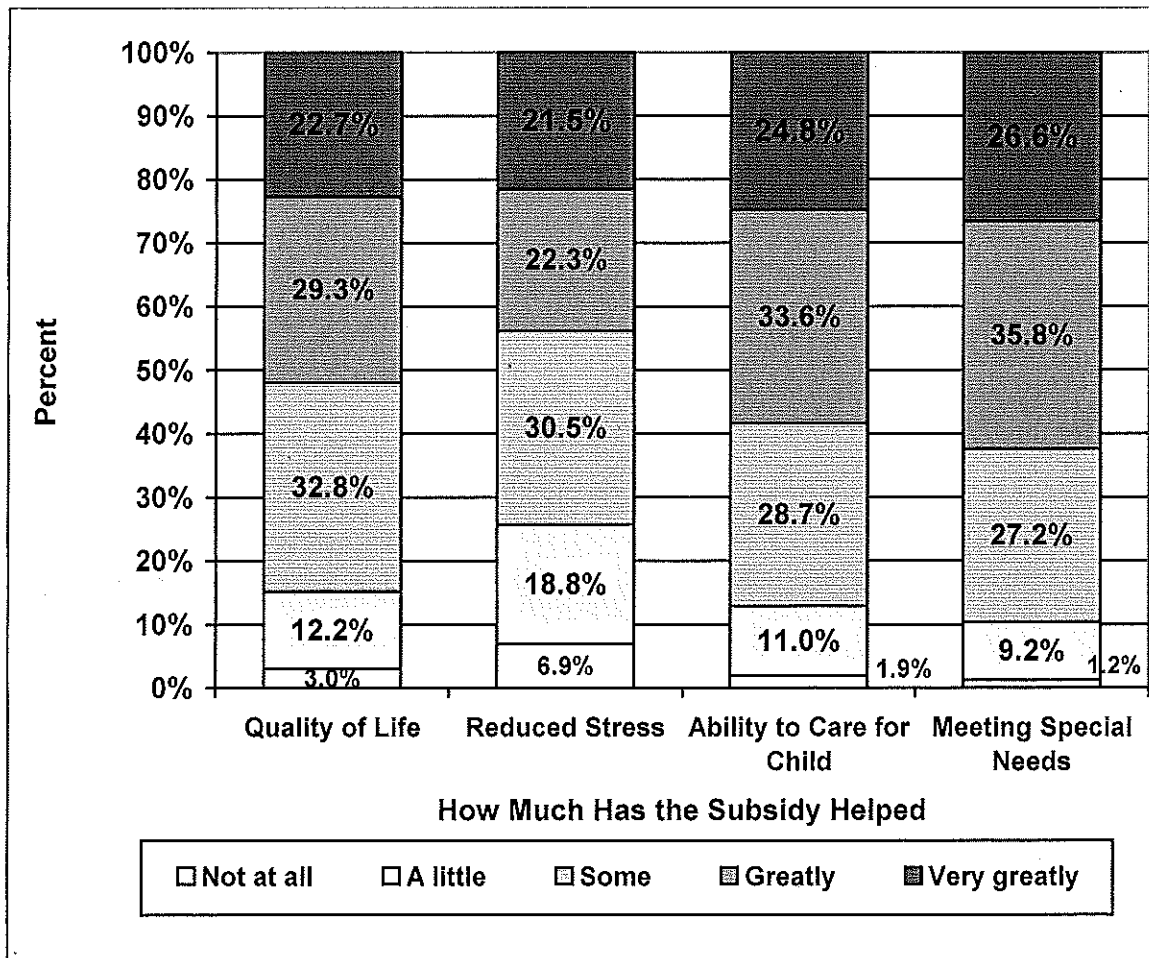
<sup>1</sup> Source: [www.fightingautism.org](http://www.fightingautism.org)

## What Families Say About the Program

### ❖ The subsidy has positive effects on families.

The subsidy program has a number of positive effects on families in FY09 (Figure 6). Nearly two-thirds (62.4 percent) of the families indicated that the subsidy had greatly or very greatly helped them in meeting the special needs of their child. More than one-half indicated that the subsidy had greatly or very greatly improved their ability to care for their child (58.4 percent). Families indicated that having the subsidy had improved the quality of their family life (52.0 percent) and had reduced their stress (43.8 percent). The subsidy had the greatest impact on families in the lowest income category (less than \$19,999) in terms of families' perception of how helpful the subsidy has been in enabling them to meet the special needs of their child and improving their ability to care for their child.

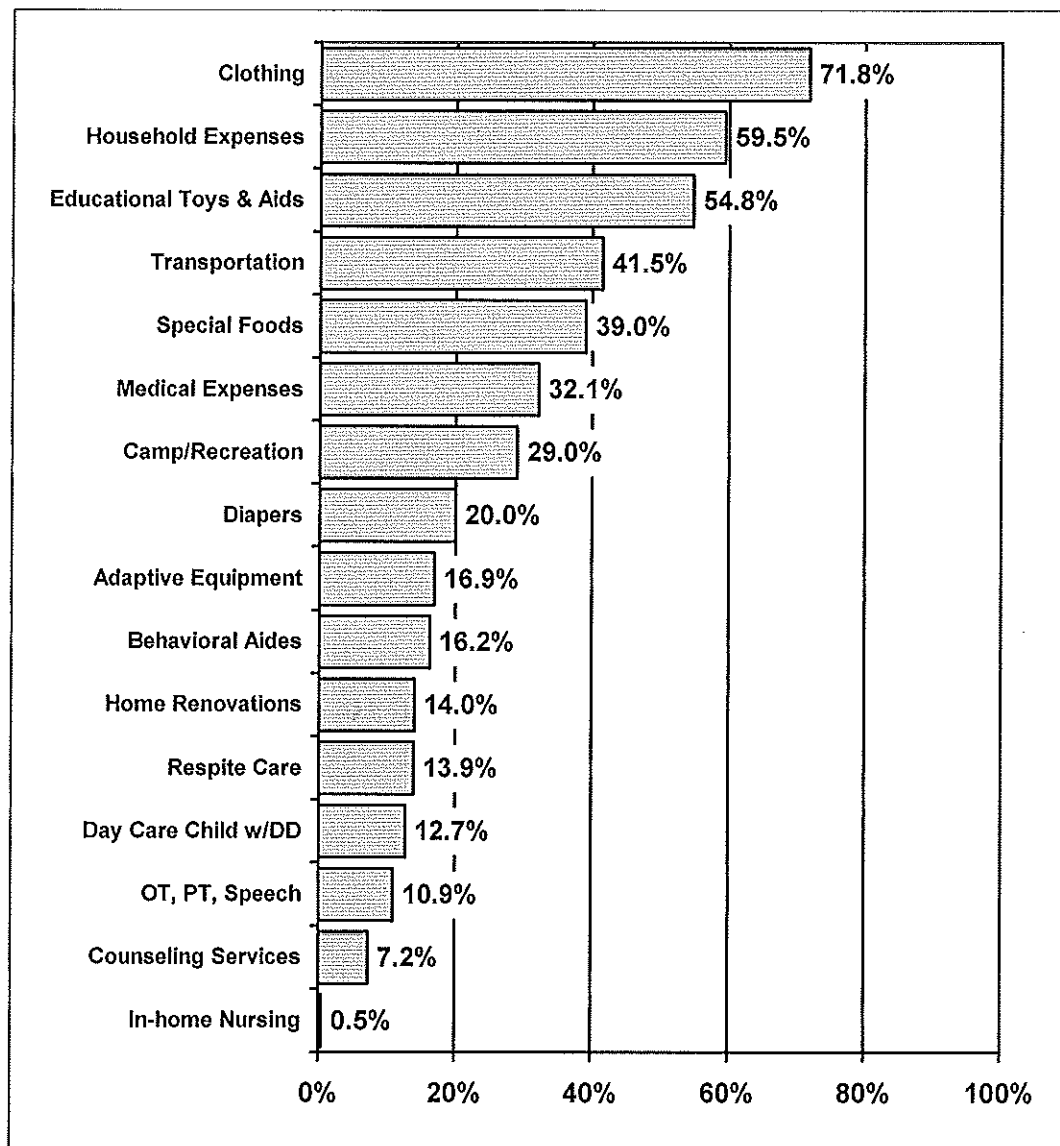
**Figure 6: Subsidy Program's Effects on Families in FY09**



❖ **Families have flexibility in how they use the subsidy.**

Families use the subsidy in a variety of ways to help care for their children. Forty-three percent of families responding to the family survey report an income below \$19,999 (56.3 percent overall). More than one-third of families indicated they are using the subsidy for clothing, household expenses, toys, transportation, special foods, and medical expenses for their child (Figure 7). When various types of respite (respite care and camp/recreation) are considered, 36.8 percent of families<sup>2</sup> used the subsidy for some form of respite.

**Figure 7: How Families Used the Subsidy in FY09**



<sup>2</sup> Based on an unduplicated count of 922 families who used the subsidy for one or two services out of 2502 families who responded to the annual family survey.

❖ **Families that include children with autism spectrum disorder used the subsidy in different ways<sup>3</sup>**

Families that include children with an educational eligibility category of autism spectrum disorder (ASD) were compared to families that include children with the eligibility categories of cognitive impairment or severe multiple impairments on the ways in which they used the subsidy. Table 3 presents the percentage of families that used the subsidy for each purpose grouped by educational eligibility category. Families that included children with autism spectrum disorder were more likely to use the subsidy for behavioral aides, individual or family counseling, camp or recreation medical expenses and various therapies (occupational, physical or speech).

**Table 3: Families That Include Children with ASD Used the Subsidy Differently in FY09**

	Percent of Families	
	Cognitive Impairment or Severe Multiple Impairment	Autism Spectrum Disorder
Adaptive equipment for your child*	25.0	11.6
General household expenses*	65.0	56.2
Behavioral aides*	8.5	21.0
Individual or family counseling*	2.2	10.4
Camp or recreation for your child*	19.8	35.0
In-home nursing care	0.9	0.3
Changes to make house accessible for your child*	22.1	8.9
Medical expenses*	28.8	34.3
Clothing for your child*	77.6	68.1
Occupational, physical, or speech therapy*	5.8	14.3
Day care for your child with disabilities	14.6	11.5
Respite services	15.8	12.8
Diapers*	24.1	17.3
Special foods	36.0	40.7
Educational aides or toys	57.3	53.7
Transportation expenses*	51.0	35.4
Other uses*	5.1	8.6

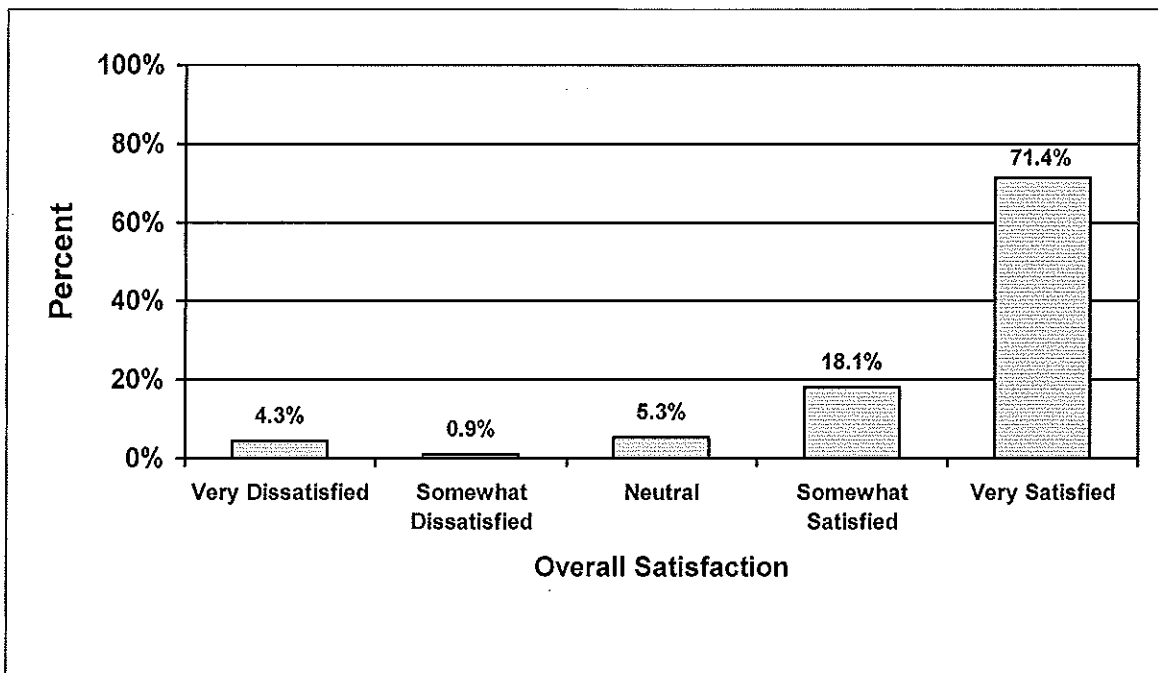
\* Percentage is statistically significantly different  $p < .003$

<sup>3</sup> Chi-square tests were used to test the statistical significant of the differences. Seventeen tests were performed and the p-values for statistical significant was set at .003 in order to correct for the number of tests conducted

❖ **Families are satisfied with their experience.**

The subsidy is paid to the parent or legal guardian on behalf of the child. Checks are mailed to families monthly. The subsidy income is not taxable and families may use the subsidy for any purpose that helps them care for their child. Families were overwhelmingly satisfied with their overall experience with the subsidy program. Figure 8 illustrates families' satisfaction with the subsidy program in FY09.

**Figure 8: Families' Overall Satisfaction in FY09**



- The family support subsidy has been a great financial help to our family. I hate to rely on it for fear of it not being there someday but it has helped to buy our son - shoes, glasses and pay for respite among other things. I am so grateful for the help. Raising a child with special needs is very difficult. I will accept help whenever I can. Thank you.

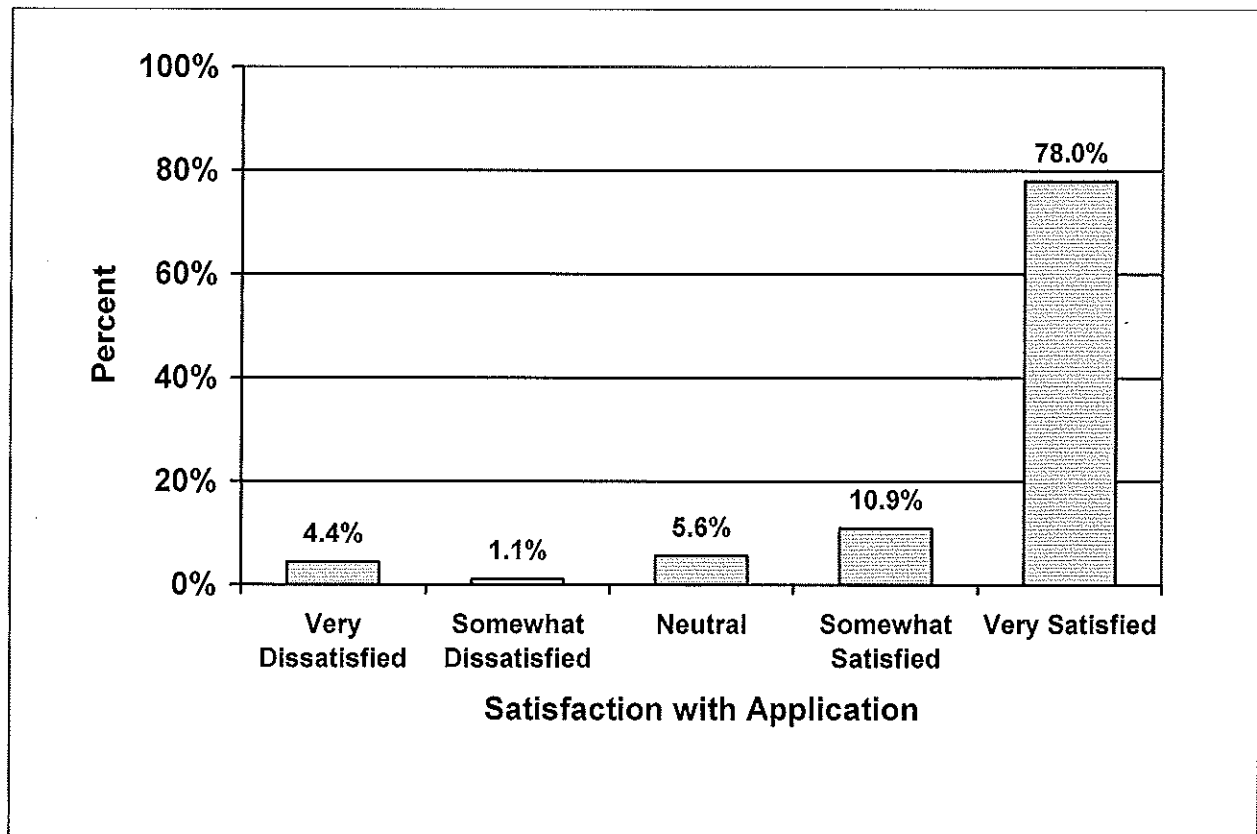
*A Family Served by network180*

❖ **The application process is friendly and efficient.**

The application process was designed to be simple, logical, and include documents already available to families. The application form must be supported by a copy of the child's birth certificate to verify age, a copy of the family's Michigan income tax return to verify taxable income, and verification from the local school district of an eligible educational category. In addition, the child should have a social security number. Upon receipt of the completed application, the Community Mental Health Services Program (CMHSP) verifies the family's eligibility. Each year, in the birth month of their child, the family is required to re-verify eligibility for the program. Coverage in the program begins the month following the CMHSP's receipt of the completed application and supporting documentation.

Figure 9 shows families' responses about their satisfaction with the subsidy program application process in FY09. The majority of families were satisfied or very satisfied with the application process and how their application was handled by the CMHSP.

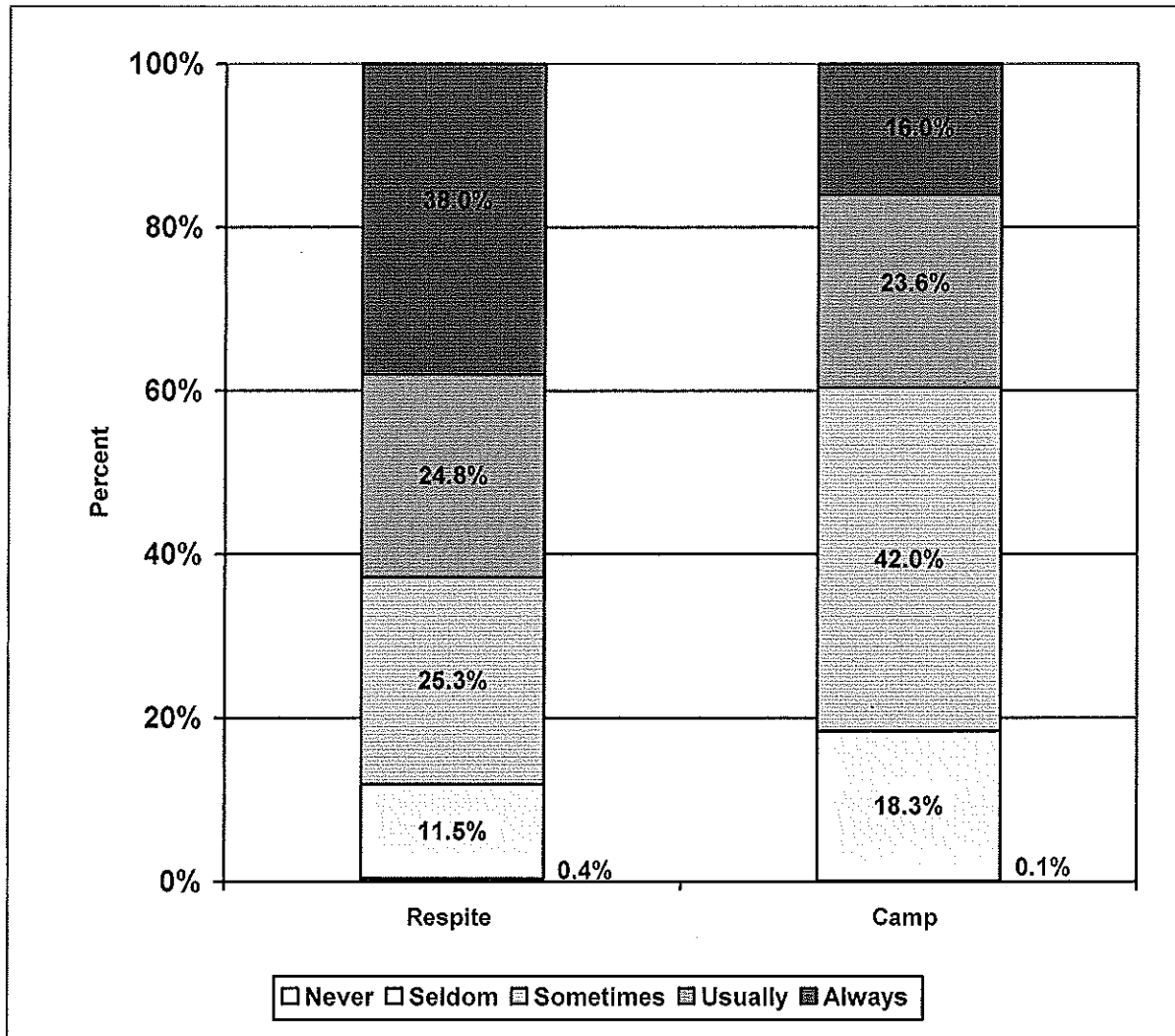
**Figure 9: Families' Satisfaction with the Application Process in FY09**



❖ **Families need additional services and supports.**

The family questionnaire asked families to indicate the level of help they needed with 18 different services/supports. Two of these services were respite and camp/recreation (Figure 10). Over eighty percent of families indicated that they sometimes, usually or always needed help with respite (88.1 percent) and with camp or recreational activities for their children (81.6 percent).

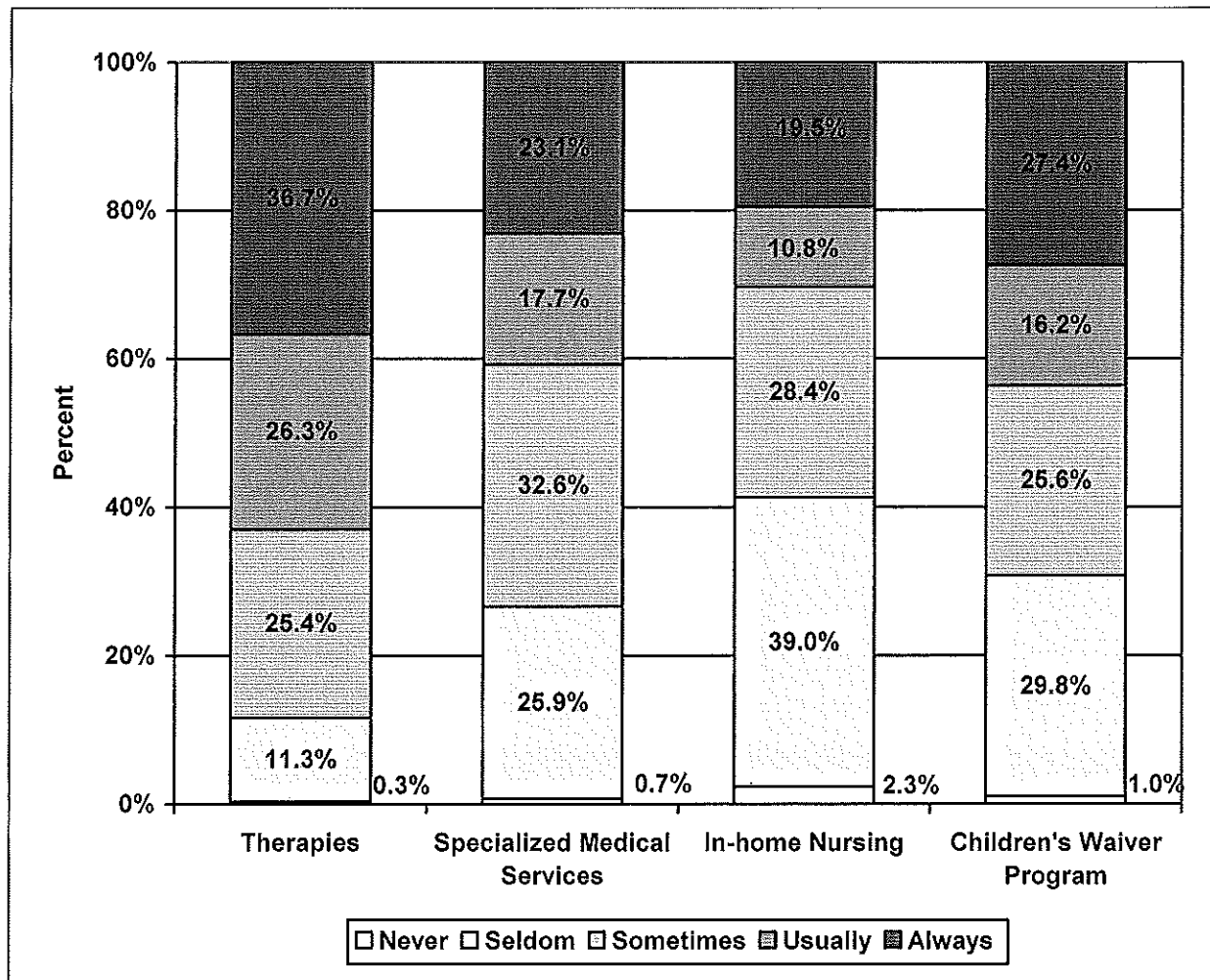
**Figure 10: Extent to Which Families Needed Help with Respite in FY09**





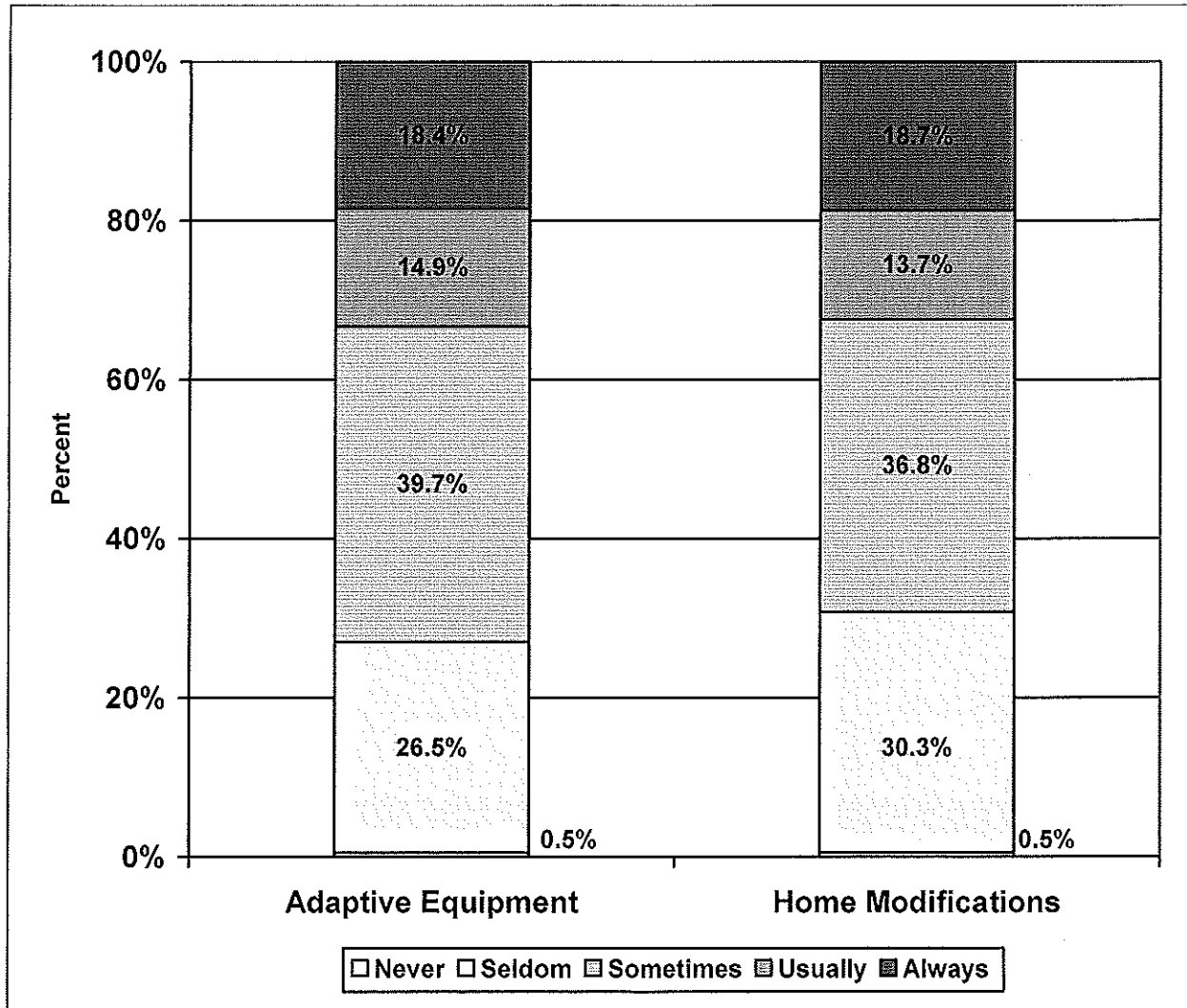
Three of the listed services addressed the need for specialized medical services, therapies (occupational therapy, physical therapy, and speech therapy), and in-home nursing (Figure 11). Over eighty percent of families (88.4 percent) indicated that they sometimes, usually or always needed help with obtaining occupational therapy, physical therapy, and speech therapy for their children. Nearly three-quarters (73.4 percent) said they needed help sometimes, usually, or always with specialized medical services. Half of the families (58.7 percent) needed help with in-home nursing, while two-third (69.2 percent) indicated needing help (enrolled and getting services) from the Children's Waiver Program.

**Figure 11: Extent to Which Families Needed Help with Medical Services in FY09**



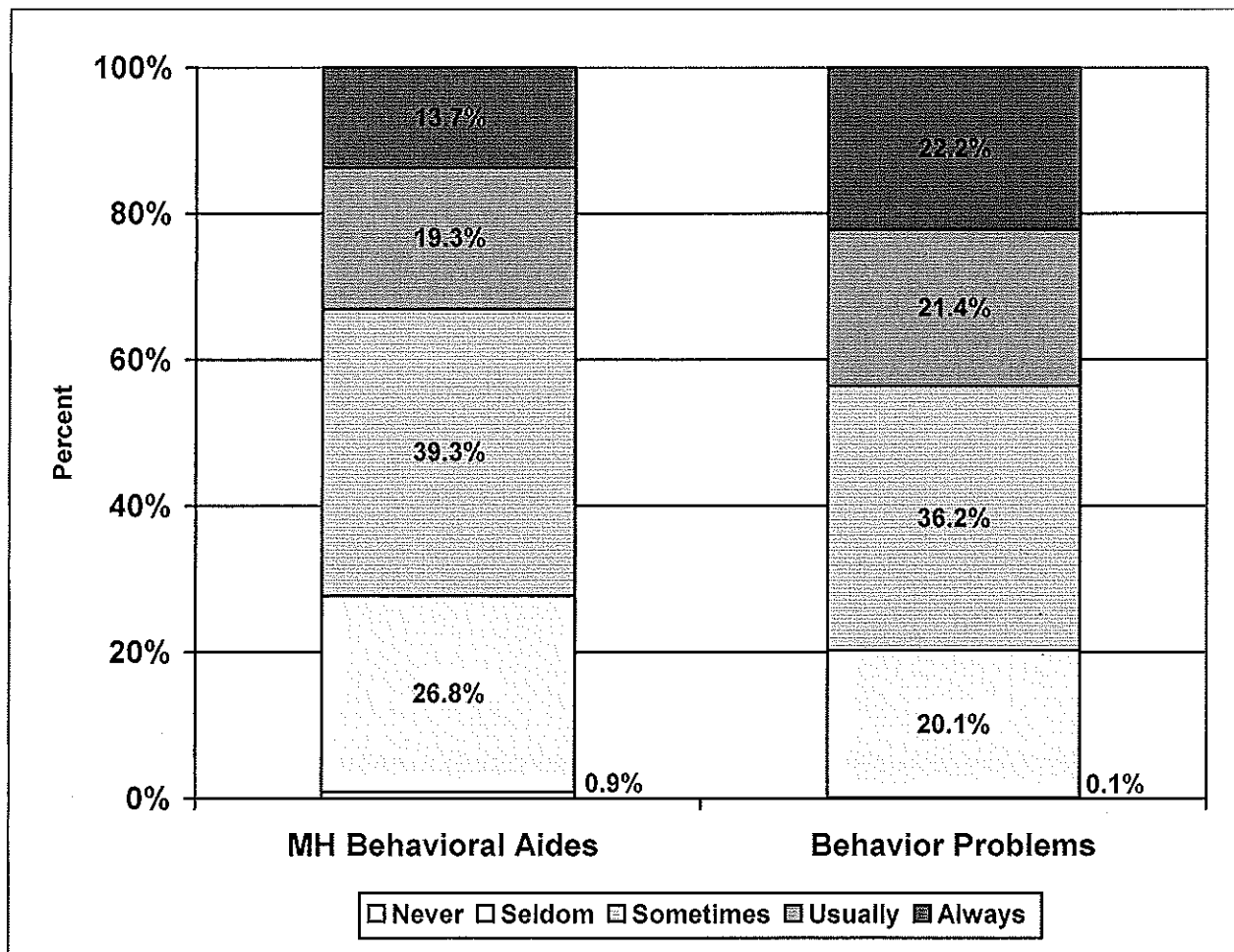
Families were asked about their need for help with adaptive equipment to assist their children in interacting with their environments. They were also asked about home modifications to make their homes accessible for their children (Figure 12). More than two-thirds of families indicated that they needed help sometimes, usually or always with adaptive equipment (73.0 percent) or home modifications (69.2 percent).

**Figure 12: Extent to Which Families Needed Help with Environment Adaptation in FY08**



For some children enrolled in the subsidy program, behavioral problems and management of these problems are substantial issues for their parents (Figure 13). Almost three-quarters of families (72.3 percent) indicated that they sometimes, usually or always needed help from a mental health behavioral aide (mental health worker who would come into their homes to work with their children). More than three-fourths of families (79.8 percent) indicated that they sometimes, usually or always needed training on managing behavioral problems.

**Figure 13: Extent to Which Families Needed Help with Behavior Problems in FY09**

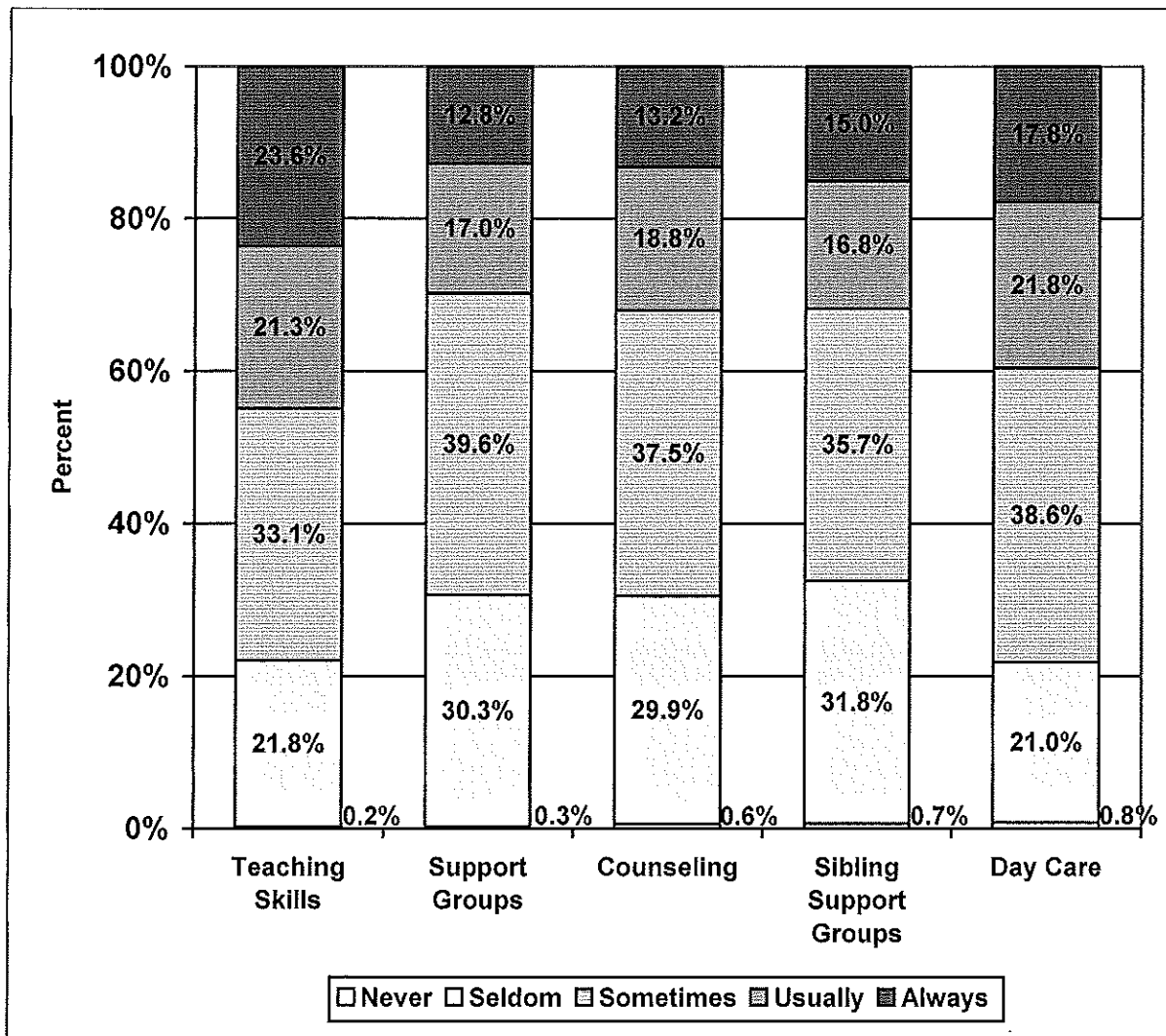


- I am just thankful for any help (especially financial) when caring for my child with special needs. No matter how much or how little every bit is appreciated and helpful. Thank you.

*A Family Served by Oakland County Community Mental Health Authority*

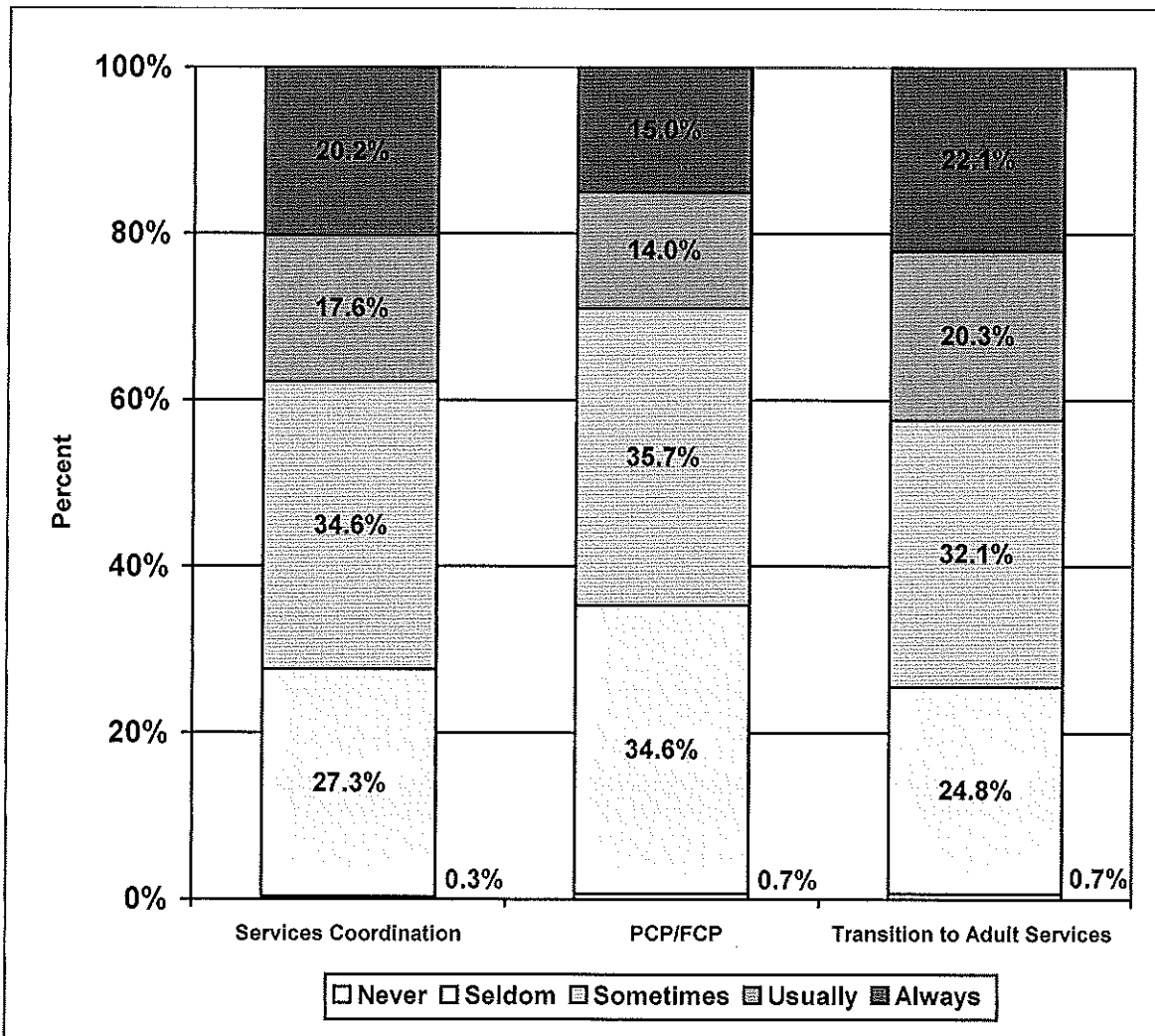
Families were asked about their need for five services aimed at assisting them in their efforts to raise their children: teaching skills, parent support groups, sibling support groups, counseling, and day care (Figure 14). Over three-quarters of families indicated that they sometimes, usually or always needed help with learning how to teach basic skills to their children (78.0 percent). More than two-thirds of the families indicated that they sometimes, usually, or always needed help with parent support groups (69.4 percent), and counseling (69.5 percent) and support groups for their child's siblings (67.5 percent). Over three-quarters of families indicated that they sometimes, usually or always needed assistance with day care for their children with disabilities (78.2 percent).

**Figure 14: Extent to Which Families Needed Help with Supports For Raising Their Children FY09**



Families were also asked about three services related to planning and coordination: services coordination, person-centered planning/family-centered practice, and transition to adult services (Figure 15). Nearly three-quarters of the families indicated that they sometimes, usually, or always needed help with coordination of services (72.4 percent) and transition to adult services for their child (74.5 percent). Two-thirds of families indicated that they sometimes, usually, or always needed help with person-centered planning/family-centered practice (64.7 percent).

**Figure 15: Extent to Which Families Needed Help with Planning and Coordination of Services for Their Children FY09**

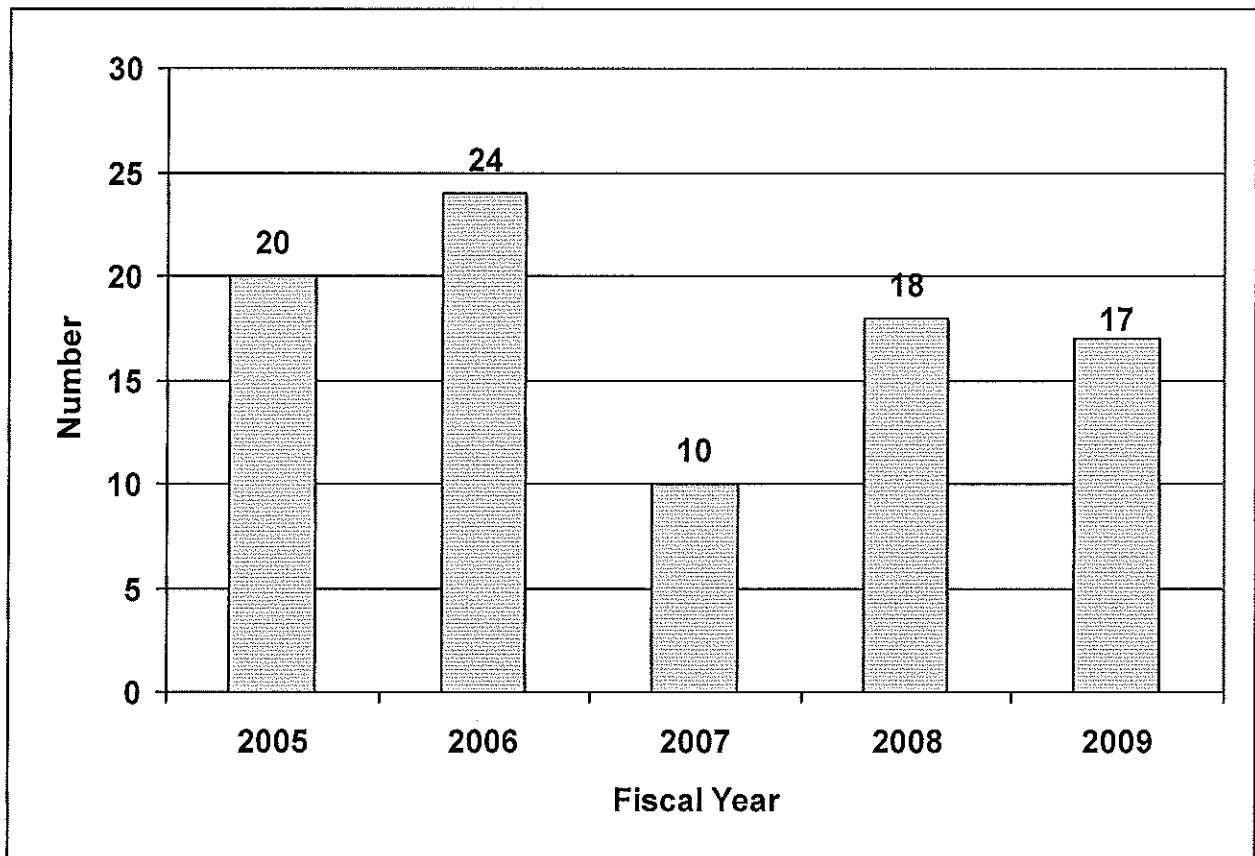


## Program Impact

- ❖ **Seventeen out of 7,113 children in the subsidy program had out-of-home placements during FY09.**

Follow-up at the end of the fiscal year indicated that 17 children (0.2 percent) were placed during FY09. The number of children enrolled in the subsidy program who have been placed out-of-home has dropped from a high of 45 (in FY86) to 17 in FY09. Figure 16 presents the number of children enrolled in the subsidy program who were placed out-of-home during the last five years.

**Figure 16: Number of Children Enrolled in the Subsidy Placed Out-of-Home**



- I really appreciate the help that I've been receiving for my child through the FSSP. It's a big help in my life and my son's life as well. Thank you.

*A Family Served by Detroit-Wayne County Community Mental Health Agency*

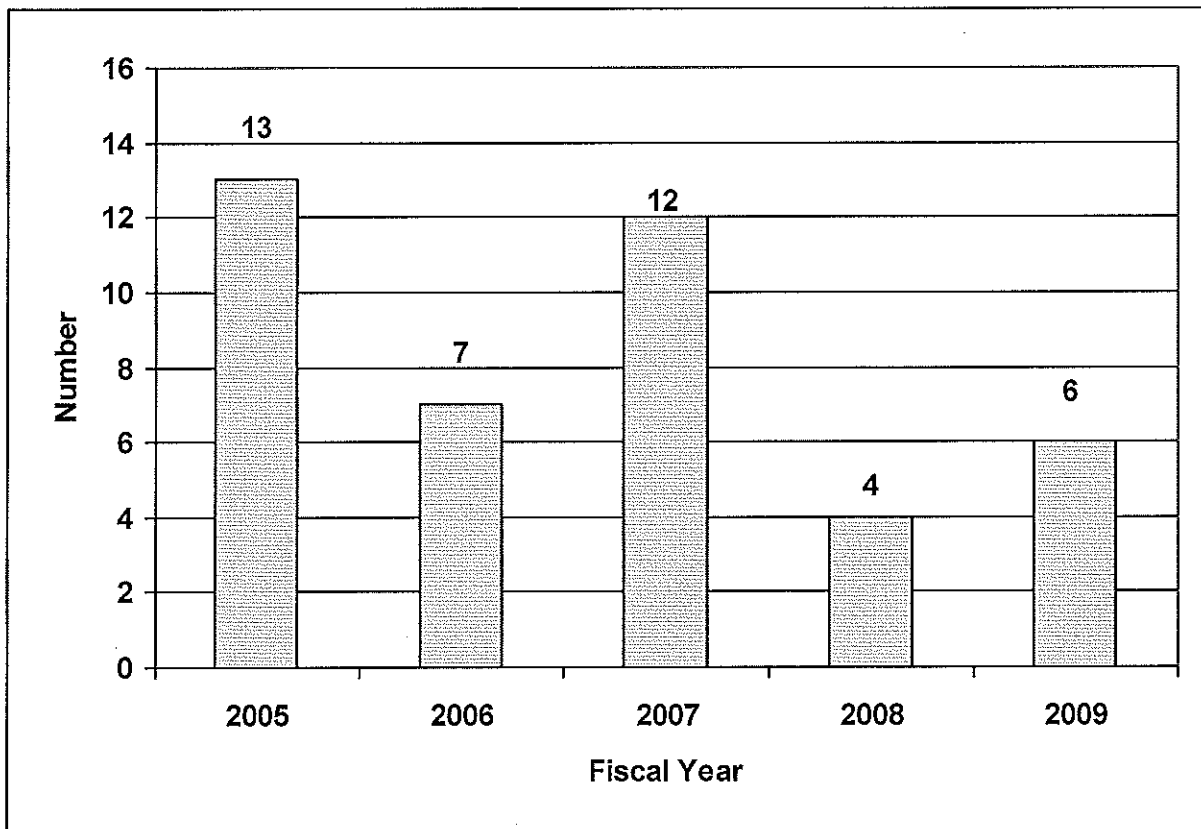
- Thank you very much for making this money available for families like ours. With this money we have been able to get our daughter involved in some extra curricular activities. She is really beginning to blossom and it's wonderful to see.

*A Family Served by Livingston County Community Mental Health Authority*

❖ **Six children with severe disabilities were reunited with their families in FY09.**

The success of the program is reflected in families' ability to keep children at home. Out-of-home placements decreased from a high of 24 in FY06 to 17 in FY09. Six children in FY09 went home to their families, after an absence, and were returned to the subsidy program. Two children in FY09 who had been enrolled in the subsidy program and then placed out-of-home were adopted. Figure 17 presents the number of children reunited with their families over the last five years.

**Figure 17: Number of Subsidy Program Families Reunited**



- This program has been so great for our family. It's good to know help is out there. We are able to do things that normally we would never get to do. Just the thought of some extra money is comforting.

*A Family Served by Bay-Arenac Behavioral Health*

❖ **The number of children with severe disabilities in institutions decreased from 104 in FY85 to no children in FY09.**

The subsidy has been instrumental in preventing children from being placed in institutions. When the subsidy program began in 1984, 104 children younger than age 18 were living in centers for developmental disabilities. The number of children living in these centers has declined steadily over the history of the subsidy program. The Mount Pleasant Center for persons with developmental disabilities closed its doors in September 2009 ending the era of children's admissions to state operated institutions. The last child placed at Mount Pleasant Center left the facility in August 2009. No children were residing in state operated facilities in FY09. Only one child in FY09 was admitted to a nursing home.

- Thank you for this important support of special needs children. We are able to provide our son with quality recreational, dietary and respite care because of the Family Support Subsidy program. Our son has realized tremendous gains as a result of this program and the added access to services. Thank you.

*A Family Served by Community Mental Health for Central Michigan*

- We are very grateful for this program as it helps to pay for the special things our insurance doesn't cover. Also with a big gas bill every month from driving him an hour each way twice a week it has helped with the cost. Thank you.

*A Family Served by LifeWays*

- It has helped us greatly with special dietary and medical needs. Thank you!

*A Family Served by Northern Lakes Community Mental Health Authority*

- Thank you for providing kind and knowledgeable staff. We really do appreciate the extra financial help so that paying for services, toys, camps, and outings to help improve our son's life isn't an issue. We can count on that money to pay for improvements for him even when we are having to cut out other extras right now. Thanks so much!!

*A Family Served by Kalamazoo Community Mental Health and Substance Abuse Services*



❖ **A total of 948 children left the subsidy program in FY09.**

Children leave the subsidy program for several reasons (Figure 18). The most frequent reason for children leaving the subsidy program in FY09 was that the children reached age 18 and were no longer eligible (38.1 percent). The second most frequent reason was that their families did not renew their enrollment (27.6 percent). Nearly one-third (30.3 percent) of the children who left the program did so because their family income became too high, their family moved out-of-state, their educational category no longer met eligibility criteria, were placed out-of-home, or received the adoption medical subsidy.

**Figure 18: Reasons Children Left the Subsidy Program FY09**

